

Crabwall Claremont Limited

Crabwall Hall

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crabwall Hall is a residential care home providing personal care to up to 38 people. The service provides support to older people accommodated across a two-storey adapted building. At the time of our inspection there were 35 people using the service.

People's experience of using this service and what we found

People received safe care. People living at Crabwall Hall and their relatives told us that they felt safe living there. The home had processes in place for the identifying, reporting and investigation of potential safeguarding incidents.

Medication systems were safely managed. Risks faced by people from their health conditions and the environment had been reviewed and were up to date. People felt that staff knew their individual preferences.

Staff levels met the needs of people and staff worked to ensure that the needs of people were the focus of their work.

The building was clean and hygienic, and this was confirmed through what people told us as well as our observations.

Robust auditing was in place with a variety of audits being carried out to monitor the quality of care provided at Crabwall Hall.

People told us they knew who the registered manager was and saw them as approachable and providing a well led service. Relatives considered the service to be caring and managed well.

The views of people, their families and staff were taken into account and people felt listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Crabwall Hall on our website at www.cqc.org.uk.

Follow up.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Crabwall Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 Inspector.

Service and service type

Crabwall Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crabwall Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

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During the inspection

We spoke with 5 people who used the service about their experience of the care provided as well as 5 relatives. We spoke with 8 members of staff including the senior regional director, registered manager, deputy manager, senior care workers, care workers and activity staff. We reviewed a range of records. This included 6 people's care records, risk assessments and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at various documents and continued to seek clarification from the provider to validate evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- The home recently co-operated with safeguarding concerns that had not been substantiated.
- People told us, "Yes I absolutely feel safe living here" and "I never have any worries as staff are so kind". This view was echoed by relatives. One person said, "I am glad that [name's] safety is such a high priority."
- Staff received training in safeguarding adults and a clear procedure was in place for them to report any concerns they had.
- The registered manager communicated any care concerns to the local authority each month, as required.

Assessing risk, safety monitoring and management

- Risks faced by people in their daily lives were taken into account.
- All risk assessments were up to date and were reviewed regularly.
- People had individual plans to ensure that they could be safely evacuated in the event of an emergency. These were updated and reviewed.
- The service routinely tested fire detection and prevention systems. All equipment used by people was regularly checked to ensure they were safe to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager understood and the principles of the Mental Capacity Act.
- Not many people living in the service were subject to deprivation of liberty safeguards.
- Previously safeguards had been applied for those people whose dependency needs had increased.
- For those people who were subject to safeguards, these had been applied for appropriately.

Staffing and recruitment

- People told us, "There is always enough staff around" and "There is always someone who is available to

help me if I need them". This view was echoed by relatives who told us that there were enough staff to meet people's needs.

- We observed staff attending to people in a timely manner and interacted with them in a patient, helpful and friendly manner.
- Rotas were available confirming that appropriate staffing levels were maintained to meet people's needs during the day and night.
- Recruitment of new staff was robust.

Using medicines safely

- Medicines were safely managed.
- People told us that they always received their medication when they needed it and that it was never missed.
- Medication was stored securely and administered by staff who had been appropriately trained and had had their competency confirmed to do this safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to receive visitors while living at Crabwall Hall.

Learning lessons when things go wrong

- The registered manager assessed each accident and incident that had occurred.
- This provided evidence for any patterns to be established to prevent future re-occurrence.
- All accidents and incidents were well documented.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People and their relatives told us that they were happy with the care they received. They told us, "I am very happy here", "They [staff] know me very well" and "I am happy here, they [staff] are very kind".
- This view was reflected by relatives. They told us, "They [staff] have created a wonderful and family-like atmosphere" and "they [staff] are wonderful and show [name] care at all times".
- Care plans were person-centred outlining the individual needs of people and how these could be successfully met".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was aware of the need to be open and transparent.
- The service had ratings from the previous inspection on display within the building as well as on the provider's website.
- People who used the service and their relatives were positive about the registered manager considering them to be approachable and available when needed. Staff also considered the registered manager to be approachable and supportive to them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Robust quality assurance systems were in place.
- Audits were conducted regularly covering all aspects of the support provided to people.
- Where issues were identified; action plans were in place to ensure these were addressed as soon as possible.
- Quality visits were undertaken by a representative of the provider on a regular basis providing an ongoing commentary on care standards.
- The registered manager always informed us of key events within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had systems in place to consult with people, their families and staff.
- Regular residents meetings were in place and minutes of these meetings were available.

- Relatives told us that there were regular meeting to discuss general issues and to provide information.
- Regular surveys are sent to all stakeholders enabling them to comment on the quality of care provided.

Working in partnership with others

- The service continued to work with other health professionals and the local authority.
- The service had demonstrated co-operation in providing information to safeguarding teams..